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GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
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www.mh.alabama.gov



JAMES V. PERDUE
COMMISSIONER

August 20, 2015

Dear Vendor:

The Alabama Department of Mental Health (DMH) is soliciting proposals to prevent and reduce underage drinking and young adult problem drinking in eight (8) communities with health disparities; reduce alcohol-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes; and to improve prevention capacity and infrastructure at the state and community levels utilizing the Partnership for Success model to address these goals in the following counties: Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox. Proposals will be accepted until **Friday, September 18, 2015 at 4:00 pm.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire request for proposal document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

Alabama Department of Mental Health
Attn: Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are not accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely. Postmarks of the date mailed are insufficient; the proposal must actually be received at the above listed office by the date/time specified.

Sincerely,

Joey Kreauter, Director
Office of Contracts & Purchasing

Organization: Alabama Department of Mental Health (DMH)

RFP Closing Date: **Friday, September 18, 2015 by 4:00 pm**
Emailed or faxed responses are not accepted.

RFP Contact Info: Leola Rogers
DMH Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Fax Number (334) 353-7090
Email: leola.rogers@mh.alabama.gov

MAILING NOTE

Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are not accepted. All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely. Postmarks of the date mailed are insufficient; the proposal must actually be received at the above listed office by the date/time specified.

ADDITIONAL INFORMATION

1. Who **may** respond to this RFP? DMH Certified and/or Contracted Prevention Providers.
2. Who **may not** respond to this RFP? Individuals, current DMH Evaluators, Employees of DMH, and current state employees.
3. In order to do business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office.
4. All vendors must enroll in the E-Verify System with Homeland Security.
*Domestic means within the State of Alabama. **Foreign means out-of-state.

REQUEST FOR PROPOSAL (RFP)

The Alabama Department of Mental Health (DMH), Division of Mental Health and Substance Abuse Services (DMHSAS), Office of Prevention is seeking proposals from DMH certified Strategic Prevention Framework State Incentive Grant (SPF SIG) sub-recipient prevention providers to prevent and reduce underage drinking and young adult problem drinking in communities with health disparities; reduce alcohol-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes; and to improve prevention capacity and infrastructure at the state and community levels utilizing the Partnership for Success model to address these goals in the following counties: Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox.

I. INTRODUCTION

Alabama Acts 1965, No. 881, section 22-50-2. Its purpose is to provide for the diagnosis, treatment, rehabilitation, follow-up care, prevention and research into causes of all forms of mental or emotional illness, which includes alcoholism, drug addiction, epilepsy, and intellectual disabilities. DMH has the statutory authority to supervise, coordinate, and establish standards for all operations and activities of the state related to mental health and the provision of mental health services.

DMH is now accepting proposals to implement the Alabama Partnership for Success Sustaining Outcomes Project (APFSSO) in Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox counties, which will continue efforts began through the SPF SIG project. This RFP is intended to prevent and reduce underage drinking, young adult problem drinking, and the negative consequences associated with it while improving capacity and infrastructure in communities with health disparities, less access to care, and poorer behavioral health outcomes in person's aged 12 to 20 in eight high need counties. This project seeks to continue utilization of a structured approach to substance abuse strategic planning inclusive of implementation of evidence-based practices and programs with sound evaluation to reach a minimum of 50,000 Alabamians annually and a minimum of 250,000 Alabamians over the five-year project period. The objectives the project seeks to attain are: (1) Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12 – 17 in eight high need counties; (2) Prevent and reduce underage drinking and its negative consequences among college students and young adults 18 - 20 in eight high need counties; and (3) Provide tools, trainings, and technical assistance on approaches to ensure successful outcomes are sustained over time.

II. BACKGROUND

The Alabama Partnership for Success Sustaining Outcomes (APFSSO) Project population of focus will be persons aged 12 to 20 in eight counties (Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox) in Alabama. The focus of effort will be placed on underage drinking in counties which currently utilize the Strategic Prevention Framework State Incentive Grant (SPF-SIG) to address underage drinking.

The aforementioned SPF counties were determined through the assessment of highest identified need. The initial SPF-SIG allocation approach was based on a Highest-Rate/Need Resource-Allocation Planning Model that directs funding to those communities or regions that have the highest rate of underage drinking. Three criteria were examined to determine the allocation approach and are as follows:

1. The initial criterion indicator for funding determination was examination of the per capita rates of youth drinking and driving in the 16 to 20 year age group. The annualized rate of youth drinking and driving between the ages of 6 and 20 from 2009-2010 was examined by jurisdiction.
2. The second criterion indicator used to determine funding was the rate of youth who reported riding in a car with a driver who had been drinking alcohol, 2009-2010. As expected, the pattern of rate followed that of the population examined for the first criteria.
3. The third criterion indicator used was the rate of youth who reported binge drinking, 2009-2010. Again, the pattern of rate followed that of the population examined in the first two criteria.

Six of the identified targeted counties (Greene, Lowndes, Marengo, Perry, Sumter and Wilcox) lay within the traditional Black Belt Region of Alabama which geographically extends into Washington County. The Black Belt is positioned to flow directly through the middle of the State of Alabama from the Mississippi State line to just short of the Georgia Border. Black Belt is often accompanied by and associated with negative factors such as high unemployment, low educational attainment, and low access to health care. Nineteen percent of Alabama's population are living in poverty. The poverty rates in the targeted counties are all higher than the state average ranging from 21% in Washington County to 36% in Perry County. Overall half of the targeted counties have poverty rates exceeding 30% (Greene, Perry, Sumter, and Wilcox).¹

According to the Alabama State Department of Education the 2013 graduation rate for the targeted counties range from 73% in Greene to 89% in Sumter. Based on the U.S. Bureau of Labor Statistics Local Area Unemployment Statistics, the 2013 unemployment rate in Alabama was 6.5%. All of the targeted counties have an unemployment rate above the state average. Of the targeted counties, Tallapoosa has the lowest unemployment rate (7.8%) and Wilcox has the highest unemployment rate (15.7%).

The purpose of the proposed project is to enhance the implementation of the SPF in counties with high need by utilizing a bridge builder concept which links them with high performing outcome based communities that have successfully implemented the SPF and are working towards implementing underage drinking initiatives with person's aged 12 to 20 in eight high need counties. The State of Alabama has been afforded the opportunity to effectively implement the SPF at the state and community levels. The overarching goals of the APFSSO Project are to:

1. Prevent and reduce underage drinking and young adult problem drinking in communities with health disparities;
2. Reduce alcohol-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes; and
3. Improve prevention capacity and infrastructure at the state and community levels.

The objectives the project seeks to attain are:

1. Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12 – 17 in eight high need counties.
2. Prevent and reduce underage drinking and its negative consequences among college students and young adults ages 18 - 20 in eight high need counties.
3. Provide tools, trainings, and technical assistance on approaches to ensure successful outcomes are sustained over time.

¹ Alabama Possible 2014 Poverty Data Sheet: <http://alabamapossible.org/datasheet/>

The targeted communities have high rates of poverty, low graduation rates, unemployment, underage drinking and binge drinking and lack access to needed prevention and treatment services. We will use SPF-SIG framework and the public health context as underlying theoretical framework to guide efforts to reduce underage drinking among youth and young adults.

The APFSSO Project seeks to enhance the following five steps of the SPF.

- Assessment of the community includes substance abuse consumption and related consequences, it describes the criteria, process, and rationale for determining priority, and provides an assessment of the existing prevention infrastructure and capacity at the state and community level. With the integration of the Epidemiological Profile, communities can now retrieve substance information relative to data on consequences (negative outcomes associated with use), consumption (measures of substance use), and risk/protective factors (influencing consumption). The findings from the Profile will be used to determine prevention needs based on available substance abuse data, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs.
- Capacity addresses areas in need of strengthening; state and community level capacity building activities. The geographical areas identified for this proposal lack the necessary resources and capacity to truly benefit from the SPF approach. While the identified areas have embraced the SPF concept and utilized the resources made available, workforce capacity continues to be an issue of concern. Key to advancing their SPF efforts is ongoing training and technical assistance (TTA) that is geared to their identified needs, and grounded in adult learning principles. Targeted TTA can help to enhance workforce capacity and help communities to fully grasp the SPF framework and identify needs based on the reliable data, build logic models to map out approaches, and identify appropriate evidence based strategies and measures to successful document change in substance abuse outcomes.
- Planning provides a description of the proposed approach to developing and deploying SPF-SIG grant resources and identifying evidence based approaches to address SPF-SIG priorities. It provides an overview of the proposed community-level activities, resource allocation method, and the anticipated outcomes. Key to our success is understanding that each area is unique and that cookie-cutter approaches that are not cognizant of the cultural context are often less effective. Respecting differences across communities and making adjustments when necessary that do not violate core content of the evidence based approach is often key to successful implementation.
- Implementation focuses on the infrastructure activities, as well as supporting the implementation of community level evidence-based strategies to address the SPF-SIG priority. The work of communities and the role of coalitions are areas of focus. Understanding that the geographical areas lacked much of the necessary initial framework to begin the implementation phase, support from the Partnership for Success (PFS) provides an extraordinary opportunity to build capacity to advance the SPF.
- Evaluation provides a brief, preliminary narrative of state-level surveillance, monitoring, and evaluation activities. It describes what the state is expecting to track, how tracking will be managed and accomplished, and what Alabama is expecting to change through the SPF-SIG process. Communities are currently undergoing the Community-Level Instrument (CLI) to track processes and progression. PFS will afford these communities additional data over time to inform and engage key community stakeholders for long-term sustainability purposes.
- Cross-Cutting Components addresses cultural competence, sustainability, and underage drinking within the context of the SPF-SIG, describes challenges encountered, as well as projected timelines and milestones associated with project completion. Through the cross-cutting surveillance, the State is able to substantiate the need for additional support and resources for the identified geographical areas.

The OOP supports and intends for the sub-recipients to promote the National Standards for Culturally and Linguistically Appropriate Services (CLAS) as a part of this award. The OOP will select strategies for implementation in accordance with the National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Training on CLAS and the implementation strategies will be integral to this process. The OOP will collaborate and leverage existing partnerships. The partnerships will assist in addressing training needs. In addition to CLAS training, training will be provided on Behavioral Health Disparities (BHD). Each sub-recipient will be asked to identify and designate a liaison in each of the sub-recipient counties to assist with program implementation addressing both CLAS and BHD. Each sub-recipient community strategic plan will address the implementation of CLAS and ability to address community BHD's. Additionally, all sub-recipients will be required to include program implementation challenges and/or barriers as they relate specifically to BHD and/or CLAS. Sub-recipient monitoring will include at least one annual site visit addressing the implementation of strategic plans.

The effects of substance abuse and its linkages to suicide are a necessary consideration in the execution of this project. Sub-recipients will be tasked with updating their existing needs assessments that were developed during the SPF-SIG. The updated needs assessment process will include suicide as a construct for assessment in addition to the existing substance related constructs (alcohol and/or drug related motor vehicle crashes, substance abuse treatment admission, graduation rates, poverty).

III. Funding Availability

In fiscal year 2016, Alabama enters into a five-year cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) CSAP to administer PFS. The total amount available for this competitive process is approximately \$497,265 per year, for up to five years for a total of \$2,486,325. Each year after the first year is subject to continuation based on availability of funds and adherence to contract and monitoring. The population based allocation by counties per year is as follows:

<u>County</u>	<u>Population</u>	<u>Allocation</u>
Greene	9,045	\$43,265
Lowndes	11,299	\$50,500
Marengo	21,027	\$80,000
Perry	10,591	\$50,500
Sumter	13,763	\$50,500
Tallapoosa	41,616	\$102,000
Washington	17,581	\$70,000
Wilcox	11,670	\$50,500
Total		\$497,265

<u>Population Size</u>	<u>Allocation</u>
Up to 10,000	\$43,265
10,001-15,000	\$50,500
15,001-20,000	\$70,000
20,001-25,000	\$80,000
25,001+	\$102,000

IV. TARGET POPULATION

The proposed prevention priority to be targeted using SPF-PFS funds is underage drinking among persons aged 12 to 20 in eight counties (Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox) in Alabama.

V. PROGRAM GOALS

Through implementation of this project, the overarching goals of the APFSSO Project are to:

1. Prevent and reduce underage drinking and young adult problem drinking in communities with health disparities;
2. Reduce alcohol-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes; and
3. Improve prevention capacity and infrastructure at the state and community levels.

The objectives the project seeks to attain are:

4. Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12 – 17 in eight high need counties.
5. Prevent and reduce underage drinking and its negative consequences among college students and young adults ages 18 - 20 in eight high need counties.
6. Provide tools, trainings, and technical assistance on approaches to ensure successful outcomes are sustained over time.

VI. EVALUATION and REPORTING REQUIREMENTS

The Evaluation and Reporting Requirements are critical components of the sub-recipient strategic plan. Project evaluation is a required component of the award. The evaluation should be designed to help determine whether they are achieving the goals, objectives and outcomes they intend to achieve and whether adjustments need to be made to their project. Sub-recipients will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a quarterly performance report to be submitted on-line. At a minimum, the evaluation should include the required National Outcome Measures. Evaluation components will include:

- Collection of required outcome data;
- Process evaluation;
- Outcome evaluation;
- Review of policy, program, and practice effectiveness;
- Development of recommendations for program quality improvement; and
- Surveillance of behavioral health disparities.

Process evaluation progress reports will serve to document the SPF-PFS process, as well as the completion of milestones embedded within each step of the original SPF process. As communities continue to work through the five SPF steps, their activities progress will be documented in quarterly reports submitted to designee and the SPF-SIG Management Team. Reports will be monitored for fidelity and timeliness, and constructive feedback and recommendations will be offered to assure continuous program improvement.

Outcome evaluation will balance quantitative and qualitative research methods. For example, 1) *Stakeholder Interviews* may be used as a means to garner data and information. 2.) *National Outcome Measures* will include collecting data with respect to the following NOMs:

1. Abstinence from Drug Use/Alcohol Abuse

- Alcohol use within the past 30 days;
- Age at first substance use;
- Perception of disapproval/attitude;
- Perceived risk and harm of alcohol use;

2. Return to/Stay in School Perceptions of workplace drug policies;

- Substance abuse-related suspensions and expulsions
- School attendance and enrollment (measured separately)

3. Decreased Criminal Justice Involvement

- Alcohol-related car crashes and injuries
- Alcohol and drug related crime

Changes in substance use behavior, attitudes, frequency, and other related consequences are expected at the community level, specifically a reduction in underage drinking. Quantitative and qualitative data collected through the evaluation process will be utilized to measure these changes. The data for three additional NOMs will be gathered and aggregated from the CLIs. These NOMs are: 1) number of persons served, by age, gender, race, and ethnicity, 2) total number of evidence-based programs and strategies employed, and 3) service costs per participant. Additionally, consumption, consequence, and risk factor outcome measures should be tracked.

Data and evaluation must be reported twice a year, in May and November. No more than 20 percent of the total grant award may be used for data collection, performance measurement, and evaluation. Additionally, sub-recipients will complete quarterly progress reports, survey instruments and other identified reports required by DMH and SAMSHA.

Sub-recipients will work closely with their local evaluators as well as the designated Evaluator to assure that bi-annual and quarterly reports are prepared and submitted on time.

VII. CONTRACTUAL LIMITATIONS

Any and all contracts resulting from this RFP shall be annual, expiring with the end of the state fiscal year, September 30. All contracts shall be subject to availability of funds and continuation of this project. Should the funding or service requirements relative to this project be altered, contracts will be amended, accordingly.

VIII. VENDOR ELIGIBILITY

Applicants must meet the following eligibility criteria in order to submit a proposal in response to this RFP:

1. Be certified to provide substance abuse prevention services by the DMH/DMHSAS.

2. Have a memorandum of agreement with a substance abuse focused community coalition to include, but not limited to, recognition by CADCA (*), Drug-Free Community (DFC), or a federally recognized Native American Tribe or Tribal Organization.

***Coalition is defined as:** A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug free community. Coalitions are typically *comprised of multiple sectors of the community, including but not limited to businesses, parents, media, law enforcement, schools, faith-based organizations, health providers, social service agencies, tribal entities and local government.*

3. Be a current SPF-SIG sub-recipient in good standing. Currently funded SPF SIG sub-recipients are not limited to the current SPF SIG counties they serve (i.e. applicant responses can be for any of the 8 counties).

***Good Standing is defined as:** All aforementioned requirements and responsibilities within this RFP for continuation funding have been met by Continuation Applicant.

4. Be designated as a high performing outcome based SPF community (HPOBSC). Designation as a HPOBSC is determined by the SPF Measurement Tool results (provided below). An HPOBSC is defined as a SPF-SIG sub-recipient scoring 80 or higher on the Measurement Tool. The HPOBSC will serve as a bridge builder to the high need community (ies) and ideally collaborate with the SPF-SIG sub-recipient from that community. *Only HPOBSC's may make application.* The HPOBSC collaboration may lend itself to sub-contracting with the SPF-SIG sub-recipient. However, implementation oversight and supervision is the sole responsibility of the HPOBSC.

SPF SIG Sub-Recipient Measurement Tool Phase Scores							
Provider	County	Assessment	Capacity	Planning	Implementation	Evaluation	Totals
AltaPointe	Baldwin	20	20	16	10	20	86
Cahaba MHC	Perry, Wilcox	16	15	16	5	20	72
Covington Co. CCCPCC	Covington	20	20	16	13	20	89
Lighthouse Counseling Center	Lowndes	14	10	16	4	19	63
EAMC	Tallapoosa	20	17	19	11	20	87
Southern Prevention Associates	Greene, Marengo, Sumter, Walker	17	19	16	5	20	77
SpectraCare	Dale, Geneva, Henry, Houston	19	18	19	9	18	83
Drug Education Council	Clark, Monroe, Pickens, Washington	12	11	16	9	12	60
Cheaha MHC	Coosa	14	20	19	9	18	80

IX. PROPOSAL REQUIREMENTS

The DMH, DMHSAS, Office of Prevention desires to fund DMH certified prevention providers that are SPF SIG sub-recipients which are currently utilizing the Strategic Prevention Framework to address underage drinking targeting 8 high need counties (Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox) in Alabama. A bridge builder concept will link the high need SPF-PFS communities with high performing outcome based SPF communities that have successfully implemented the SPF as designated by the SPF Measurement Tool results.

The proposal shall be developed following the outline below. Each section, A-G, in the Statement of Work must be addressed, and appendices provided where indicated.

The information provided under each heading explains the intent of the section and/or describes the minimum information you are required to provide. Although minimum requirements must be addressed, it is the responsibility of the applicant to insure that each response thoroughly describes the strategies, and approaches, or provides other relevant information to insure that the topic of the section is fully and distinctly addressed.

Information in **Bold Type** in each section provides the evaluation criteria for review and scoring of the continuation application. The proposal should be single-spaced, using a standard 12-point font (Times New Roman is preferred) with 1-inch margins, and should **not exceed the page requirements listed below**.

STATEMENT OF WORK

A. Cover Page

Applicants should provide a cover page that includes:

- The name of project;
- Submitting agency;
- Contact person;
- Address, phone number, and fax number of contact person; and
- Date of submission.

Not to exceed 1 page.

Review Criteria: 5 Points

The applicant organization provides the listed requirements within the page limit specified.

B. Abstract

Applicants must provide an abstract that includes:

- project name;
- population to be served (demographics and clinical characteristics);
- an overview of proposed bridge builder framework for the high need communities that builds upon SPF-SIG progress;
- project goals and measurable objectives; and
- number of people to be served annually and throughout the lifetime of the project, etc.

In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to federal partners, or press releases.

Not to exceed 2 pages.

Review Criteria: 5 Points*

The applicant organization provides the listed requirements within the page limit specified and demonstrates a clear understanding of the need to implement the SPF-PFS to address Underage Drinking within the page limit specified.

C. Statement of Need

Applicant must describe how they accurately assessed the extent of the problem of Underage Drinking using epidemiological data, as well as other local data for the respective community (county).

Applicant should:

- statistically and narratively discuss the extent of underage drinking in the community (county);

Not to exceed 10 pages.

Review Criteria: 15 Points

The applicant organization describes how they accurately assessed the extent of the problem of Underage Drinking using epidemiological data, as well as other local data. The data identifies the magnitude of the problem to be addressed, where the problem is greatest, and intervening variables, which may include risk and protective factors associated with the problem. A process by which community assets and resources, gaps in services and capacity and readiness to change are identified. The applicant organization addresses the listed requirement and demonstrates a clear approach utilizing the SPF that will address Underage Drinking and evidences cultural competence within the page limit specified.

D. Proposed Approach

Articulate the proposed approach to address the project.

Applicant should:

- describe how project implementation will lead to the achievement of the APFSSO goals and objectives, which are to:
 - Prevent and reduce underage drinking and young adult problem drinking in communities with health disparities;
 - Reduce alcohol-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes; and
 - Improve prevention capacity and infrastructure at the state and community levels.
 - Prevent and reduce underage drinking and its negative consequences among middle and high school students aged 12 – 17 in eight high need counties.
 - Prevent and reduce underage drinking and its negative consequences among college students and young adults ages 18 - 20 in eight high need counties.
 - Provide tools, trainings, and technical assistance on approaches to ensure successful outcomes are sustained over time.
- address how proposed approach will increase system capacity to support effective substance abuse prevention services;
- document how the project will built upon the principles of the SPF;
- describe how the project will work collaboratively with existing SPF-SIG sub-recipient;
- describe how the HPOBSC will provide implementation oversight and supervision;
- discuss how behavioral health disparities (BHD) would be addressed;

- discuss how the project will support and promote the National Standards for Culturally and Linguistically Appropriate Services (CLAS);
- identify and designate a liaison in each high need community i.e. county that will be responsible for addressing CLAS and BHD;
- identify program implementation challenges and/or barriers as they relate specifically to BHD and/or CLAS;
- describe how your activities have positively impacted underage drinking; and
- describe how you will collaborate and coordinate suicide efforts with Garrett Lee Smith grantees.

Not to exceed 20 pages.

Review Criteria: 30 Points

The applicant organization addresses the listed requirements and demonstrates a sound approach to the project within the required page limits.

E. Capacity

Describe the process they would employ to strengthen the capacity to implement the PFS in the community (ies). Applicant clearly describes how internal and external collaborative relationships have enhanced capacity of project to include a specific description of how the collaborative relationship with a substance abuse focused community coalition, DFC, or a federally recognized Native American Tribe or Tribal has fostered this. In instances where capacity issues were present, applicants must reflect employment strategies to minimize and/or overcome issues. Applicant should:

- denote organizations and individuals who are integral to the success of the proposed project;
- describe roles and responsibilities of the aforementioned organizations and individuals;
- describe how you will coordinate and/or leveraged all prevention resources, whether funded through the grant or through other sources;
- include letters of commitment/coordination/support from these community organizations and individuals in Appendix labeled Letters of Support (appendix is not counted against the page limit);
- describe the potential barriers to successfully conduct the proposed project and how you will overcome them;
- describe your plan to sustain the project after the funding period ends;
- provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff; include in Appendix labeled Timeline (appendix is not counted against the page limit); and
- provide a list of staff positions (paid and in-kind) (chart or graph) for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as prevention personnel, coalition, and sub-contractee's (appendix is not counted against the page limit).

Not to exceed 10 pages (Appendices do not count in this total).

Review Criteria: 20 Points

The applicant organization addresses the listed requirements and demonstrates capacity to implement proposed approach within the page limit specified.

F. Data Collection and Evaluation

Applicant clearly describes ability to collect and report on the required performance measures (NOMs) as detailed in the Program Goal section pg. 4 of this RFP. Applicant should:

- describe the existing data collection system, its ability to capture required performance measures, and any necessary modifications at the community- and program-levels;
- demonstrate approaches to surveying program participants or gathering archival data on an ongoing basis to connect program results to needs assessment and other data;
- include any project-specific data collection instruments/interview protocols;
- discuss reliability and validity of evaluation methods and instruments in terms of the gender, age group and cultural traditions of sub recipient communities;
- data tracking description plan of your project over time, and utilizing these data in your ongoing project planning and development;
- demonstrate adequate evaluation and data collection capacity are in place; and
- demonstrate how data will be used to manage the project and assure continuous quality improvement.

Not to exceed 5 pages.

Review Criteria: 10 Points

The applicant organization addresses the listed requirements and demonstrates ability to collect data, report, and evaluate project within the page limit specified.

G. Budget

Applicants should provide a detailed, line item annual budget and a narrative justification in the Appendix labeled Budget. Include a listing of all personnel, by position (paid and in-kind), that will contribute in any way to the operation of this project, salaries, fringe benefits, and level of effort. All other expenditures shall be identified by individual line items (i.e. travel, equipment, supplies, consultants/contracts, other, etc.).

Review Criteria: 20 Points

The applicant organization budget reflects realistic costs for the provision of implementation of the PFS and clearly delineates funds with consideration of coalition and sub-contractee's. The program reflects a good cost/benefit ratio.

X. REVIEW CRITERIA

The DMH reserves the right to request necessary amendments, reject any and all proposals received, or cancel this RFP according to the best interest of the DMH.

The DMH, also, reserves the right to waive any informality in this process, providing such is in the best interest of the DMH. Where the DMH may waive any informality, such waiver shall in no way modify the RFP requirements or excuse the applicant from full compliance with the contract.

All proposals, which satisfactorily meet the submission requirements specified in item “IX” below, will be evaluated based upon the criteria indicated in each section of the Statement of Work.

XI. SUBMISSION REQUIREMENTS

Proposals shall be submitted in the following written format:

TABLE OF CONTENTS:

Page numbers shall be listed for each of the major sections of the proposal, including all items listed under the Statement of Work, and for each Appendix.

STATEMENT OF WORK:

Each item listed in the RFP under the statement of work must be addressed.

LITERATURE CITATIONS:

Complete citations shall be provided for any literature referenced in your proposal.

APPENDICES:

Include each appendix listed in the guidelines for the Statement of Work.

In the event it becomes necessary to revise any portion of the RFP, DMH will post these changes on its web site: www.mh.alabama.gov/adcp.

This announcement does not commit DMH to award a continuation contract or pay any costs incurred in the preparation of continuation proposals. DMH reserves the right to accept or reject, in whole or in part all continuation proposals submitted, and/or to cancel this continuation announcement. The contract award(s) shall be based upon the proposal(s) most advantageous to DMH.

Proposal Content

Instructions must be followed or responses will not be graded.

Each proposal is to contain **specific responses** to each of the requests listed in sections **A-G**, and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. **Submit the response as instructed in the proposal.**

One original and **two copies** of your proposal must be received at the following address no later than **4pm** on **September 18, 2015.**

Joey Kreauter, Director
Office of Contracts & Purchasing
AL DMH
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104

Proposals must be clearly marked **Alabama Partnership for Success Sustaining Outcomes Project** for indicated county (Greene, Lowndes, Marengo, Perry, Sumter, Tallapoosa, Washington, and Wilcox). All proposals received after the deadline will be returned unopened. **Postmarks of the date mailed are insufficient.** **Please see the mailing note.**

The DMH assumes no responsibility for expenses incurred in the preparation of the proposal. The DMH reserves the right to reject any and all proposals. Additionally, the DMH reserves the right to waive

irregularities in any proposals and request clarification of any information, and negotiate with the agency/firm submitting the best proposal to secure more favorable conditions.

Evaluation Process

A review committee will examine each eligible proposal submitted. The DMH may elect to conduct interviews with finalists. DMH expects a final selection on or around October 19, 2015.

Evaluation Criteria

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

- A. Cover Page** (Applicant cover page includes: the name of project; submitting agency; contact person; address, phone number, and fax number of contact person; and date of submission.) Not to exceed 1 page. **(5 Points)**
- B. Abstract** (Applicant abstract includes project name; population to be served (demographics and clinical characteristics; an overview of proposed bridge builder framework for the high need communities that builds upon SPF-SIG progress; project goals and measurable objectives; and number of people to be served annually and throughout the lifetime of the project, etc.) Not to exceed 2 pages. **(5 Points)**
- C. Statement of Need** (Applicant describes statistically and narratively discuss the extent of underage drinking in the community (county) within 10 pages. **(15 Points)**
- D. Proposed Approach** (The applicant demonstrates how proposed approach will address goals and objectives building upon SPF principles to include collaborations, along with addressing BHD, CLAS, and suicide within 20 pages.) **(30 Points)**
- E. Capacity** (The applicant clearly describes how internal and external collaborative relationships have and will continue to enhance capacity of project, making good use of collaborative relationships in implementing the proposed approach within 10 pages.) **(20 Points)**
- F. Data Collection and Evaluation** (Applicant demonstrates ability to collect data, report, and evaluate project within 5 pages.) **(10 Points)**
- G. Budget** (Applicant organization budget reflects realistic costs for the proposed approach and clearly delineates fund usage, reflecting a good cost/benefit ratio.) **(20 Points)**

Evaluation Criteria	Page Requirement	Points
A. Cover page	Not to exceed 1 pg.	5
B. Abstract	Not to exceed 2 pgs.	5
C. Statement of Need	Not to exceed 10 pgs.	15
D. Proposed Approach	Not to exceed 20 pgs.	30
E. Capacity	Not to exceed 10 pgs.	20
F. Data Collection & Evaluation	Not to exceed 5 pgs.	10
G. Budget	NA	20
Total		105

Selection Criteria

Selection shall be based on the factors to be developed by the procuring state entity, which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the proposed approach and methodology to meet project requirements.
2. Resources available to perform the work, including any specialized services within the specified time limits for the project.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration.
4. Ability to quickly familiarize with the project locale.
5. Proposed project management techniques.
6. Ability and proven history in handling special project contracts.
7. Adherence to current SPF-SIG requirements.

DATES AND DEADLINES

Item	Date	Delivery Method
RFP Release	August 20, 2015	USPS, ADMH Website, and Comptroller's Office website
Deadline to submit RFP questions and requests for clarification	August 28, 2015 by 4:00 pm	Email to Leola.rogers@mh.alabama.gov
RFP Questions Posted	September 8, 2015	ADMH website www.mh.alabama.gov/adcp
RFP Submissions Due (1 original & 2 copies)	September 18, 2015 by 4:00 pm	USPS or FedEx or UPS
Notification of selection status	October 19, 2015 Approximately	USPS (In writing)

Note: Currently emailed or faxed responses are not accepted.